

DEC 31 1941

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 12/17/41
(Specify whether
In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME Oscar Blank (489-03-5438)

3. (b) If veteran, name war World War 3. (c) Social Security No. Not remembered.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive unkn. years

7. Birth date of deceased October 25, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 22 hr. min.

9. Birthplace Ste. Genevieve, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business -

12. Name Unavailable

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Schellig

(b) Address Clinical Clerk, PAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 12/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Herral

(b) Address 1905 Union Blvd.

19. (a) DEC 19 1941 (b) E. H. McHarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4453-A Lexington Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1941 hour 4:21 minute p. M.

21. I hereby certify that I attended the deceased from December 17, 1941 to December 17, 1941
that I last saw him alive on December 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gastric ulcer, with generalized peritonitis. Duration 2 days

Due to -
Due to -

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings: Operated December 17, 1941.

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (Specify cause of injury)

23. Signature J. M. COCHRAN, M.D. (M.D. or other)

Address Chief Medical Officer. Date signed 12/18/41

65049 DeLamar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Warren P. Carver

Licensed Embalmer No.....

353x

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.